

Patent 026575-065



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**MAIL STOP** 

In re Patent Application of Yousuki Moriuchi et al.

A Li Li Abbas 4000

Application No.: 10/044,969

Filing Date:

January 15, 2002

Title: STENT

Group Art Unit: 3731

Examiner: BRADFORD C PANTUCK

Confirmation No.: 2991

## **AMENDMENT/REPLY TRANSMITTAL LETTER**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enc	closed is a reply for the above-identified patent application.				
×	A Petition for Extension of Time is also enclosed.				
. 🗆	Terminal Disclaimer(s) and the \$\Bigsigmu\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$				
	Also enclosed is/are				
☐ Small entity status is hereby claimed.					
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the   ☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).				
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.				
	Applicant(s) previously submitted				
	on				
	on				
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.				
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.				

Attorney Docket No.	026575-065	
Application	No. 10/044,969	

No additional claim fee is required.
An additional claim fee is required, and is calculated as shown below.

		AMEND	ED CLAIMS		
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	21	MINUS 20 =	1	x \$50.00 (1202) =	\$ 50.00
Independent Claims	3	MINUS 3 =	: 0	x \$200.00 (1201) =	\$ 0.00
If Amendment adds n	nultiple depen	dent claims, add	\$360.00 (1203)		
Total Claim Amendme	ent Fee				\$ 50.00
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL	CLAIM FEE	DUE FOR THIS	AMENDMENT		\$ 50.00

×	A check in the amount of	of \$50.00	is enclosed for the fee due.
	Charge	to Deposit Acc	ount No. 02-4800.
	Charge	to credit card.	Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

**BUCHANAN INGERSOLL PC** 

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Date: October 6, 2005

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